DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9843

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1277

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Trinity Lutheran Hospt. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether

In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K.C. (If outside city or town limits, write "RURAL")

(d) Street No. 1226 W 20th (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Ruth Smith 530

3. (b) If veteran, name war —

3. (c) Social Security No. Unknown

4. Sex Fe

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Loren Smith

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased Jan (Month) 26 (Day) 1907 (Year)

8. AGE: Years 33 Months 1 Days 25 If less than one day — hr. — min.

9. Birthplace Everton (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Garment Worker

11. Industry or business Will Gillaspy

FATHER
12. Name Glenwood Jones
13. Birthplace — (City, town, or county) — (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Mills
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Anna Musick

(b) Address 2011 Mercer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Everton Mo.

18. (a) Signature of funeral director H. Tigerman & Son

(b) Address K.C. Mo.

19. (a) Mch 22, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-21-40 year ..... hour ..... minute 12:02 P M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Septicemia	
Due to Infected Uterus - 14 Sa	
Due to Retained Placental Tissue	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Russell W. Kerr (M. D. or other)

Address Kerr Date signed

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
I X19311

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed Francis Walton. By J. H. Pegeman

Licensed Embalmer No. 2744

P. O. Address R. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.